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## AGREEMENT

This Agreement is entered into this 30th day of May, 1997 between LI COUNTY, FLORIDA (hereafter "LEON COUNTY") and APALACHEE CENTER FOR HUMAN SERVICES, INC., (hereafter "APALACHEE") of East Tennessee Street, Tallahass Florida 32301.

WHEREAS, APALACHEE has for a number of years contracted with the Departmer Health and Rehabilitative Services, Inc, for the provision of mental health services under Ch. 394, Florida Statutes; and

WHEREAS, Section 394.76, Florida Statutes, requires that state funds expended for mental health, alcohol and drug abuse services, subject to certain specified exemptions, be matched on a 75 to 25 state to local basis; and

WHEREAS, the local governing body is required to provide that amount of funds with added to other available local matching funds, is necessary to match state funds; and

WHEREAS, APALACHEE has identified certain funds raised and expended by it as matching funds which it agrees may be used by LEON COUNTY to reduce the amount of matching funds it is obligated to provide; and

WHEREAS, APALACHEE has at all relevant times asserted that such expenditures an advancement against an obligation owed by LEON COUNTY and has further declared it intention to resort to litigation, if necessary, to force LEON COUNTY to reimburse it for su advancements and to provide matching funds for mental health, alcohol and drug abuse serving the future; and

WHEREAS, the current arrearage claimed by APALACHEE against LEON COUN \$308,700.00 for the 1995-96 fiscal year, together with accrued interest, plus arrearage from October 1, 1996, through the present, which amounts to an additional \$154, 350.00, plus in and

WHEREAS, APALACHEE is desirous of preserving its long and harmonious relationship with LEON COUNTY.

NOW, THEREFORE, APALACHEE CENTER FOR HUMAN SERVICES, INC., LEON COUNTY, FLORIDA, agree as follows:

- (1.) That the APALACHEE will waive in the entirety its claim for reimburseme matching funds for the 1995-96 fiscal year in the amount of \$308,700, plus accrued interest
- (2.) That APALACHEE will waive \$75,000 of its claim for reimbursement of matching funds for the 1996-97 fiscal year, thus reducing LEON COUNTY's matching fu

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the current year to \$233,700 to be paid to APALACHEE CENTER FOR HUMAN SERVICE INC., in five (5) equal payments of \$46,750.00, commencing May \_\_\_, 1997, with additional payments due on the first day of each succeeding month until paid in full.

- (3.) Commencing October 1, 1997 though October 1,1998, LEON COUNTY will provide APALACHEE with matching funds in the amount of \$308,700, plus the cost of living increase reflected in the Consumer Price Index for 1996, to be paid in twelve (12) successive monthly payments.
- (4.) Commencing October 1, 1998, and each year thereafter through September 30 2002, matching funds will be paid by LEON COUNTY to APALACHEE in the amount of th previous year's payment, plus any cost of living adjustments as indicated by the Consumer Previous from the previous year. For example, matching funds owed by LEON COUNTY to APALACHEE for the 1997-98 fiscal year, assuming a 3% cost of living increase, would be 308,700.00, plus \$9,261.00. The base payment for the following year would be \$317,961.00 plus the cost of living increase. The base payment for the following year, would be the amount of the previous year's payment supplemented by the cost of living increase.
- (5.) The parties agree to an audit at the election of the County. In the event of suc audit, the auditor will be selected and paid for by the County; however, the auditor must com with generally accepted accounting principles (GAAP).
- (6.) This agreement may be extended for five (5) additional years under the same terms and conditions set forth herein, subject to approval by the APALACHEE and LEON COUNTY.
- (7.) Breach of this agreement by either party would entitle the other to pursue any all remedies and to assert all defenses which would have been available to either in the absert of such agreement.
- (8.) Nothing in this agreement is to be construed as establishing or creating a relationship of agency, partners or employment between the parties, or as constituting either party as the agent or representative of the other for any purpose. APALACHEE is not author to bring LEON COUNTY to any contracts or other obligations, and shall not expressly or impliedly represent to any party that APALACHEE and LEON COUNTY are partners or the APALACHEE is the agent or representative of LEON COUNTY.
- (9.) APALACHEE agrees to indemnify and hold harmless LEON COUNTY fro claims, damages liabilities, or suites of any nature arising out of, because of, or due to the to of this agreement by the APALACHEE, its delegates, agents, employees, or due to any act occurrence of the omission or commission of APALACHEE, included but not limited to co and a reasonable attorney's fee. LEON COUNTY may at its sole option, defend itself or a APALACHEE to provide the defense. APALACHEE acknowledges that Ten Dollars (\$10 of the amount to be paid to the APALACHEE is sufficient consideration for the APALAC indemnification of LEON COUNTY.

- (10.) This agreement shall be governed by, construed, and enforced in accordance the laws of the State of Florida.
- (11.) In accordance with Section 287.133, Florida Statutes, APALACHEE certificates to the best of its knowledge that neither APALACHEE or its affiliates have been convicted public entity crime. Violation of this section by APALACHEE shall be grounds for cancell of this agreement by LEON COUNTY.
- (12.) The performance of LEON COUNTY of its obligations under this agreement be subject to and contingent upon the availability of funds budgeted by LEON COUNTY or otherwise lawfully expendable for the purposes of this agreement for the current and future periods.

ATTESTED BY:

BY\_\_\_

Secretary

APPROVED AS TO FORM COUNTY ATTORNEY'S OFFICE

BY Juliek

ATTESTED BY:

CLERK OF THE COURT

BY aux aug

APALACHEE CENTER FOR HUMAN SERVICES. INC.

PRESIDENT, CEO

LEON COUNTY, FLORIDA

GARY YORDON, CHAIRMA

BOARD OF GOUNTY

COMMISSIONERS

| _  |   |  |   |                                   |                                     |
|--|---|--|---|-----------------------------------|-------------------------------------|
|  |   | AGREEME                                | NT  | Attachment (                      | 2<br>_ <b>d</b> 5′_                 |
| This A<br>political subdiv<br>"Apalachee". | greement is entered into this da<br>ision of the State of Florida, hereinafte                               | y of<br>"County," and A                | , 2002, by and beto<br>palachee Center for Huma | ween Leon Cou<br>in Services, her | mty, Florida, a<br>einafter         |
|  |   | WITNESSE                               | тн  |                                   |                                     |
|  | nd in consideration of the mutual coven<br>ledged, County and Apalachee do here                             |  |   | th herein, the si                 | afficiency of whi                   |
| 1.   | County and Apalachee entered into Agreement allows for changes to be thereto, the parties hereby agree to a | made to the agre                       | ement with prior written ag                     | greement signe                    | palachee, which<br>d by the parties |
| 2.   | The total cost of this extended contradjustments as indicated by the Cor                                    | act will be in the<br>sumer Price Inde | amount of the previous year.                    | ar's payment pl                   | us any cost of liv                  |
| <b>3.</b> ·                                | All other provisions of the May 30,   | 1997 Agreement                         | remain in full force and ef                     | fect.                             |                                     |
| 4.   | This agreement shall become effect  | ive upon full exec                     | cution hereof by both partic                    | es.                               |                                     |
| IN W<br>authorized sig                     | TTNESS WHEREOF, the parties evidenatories.  |  | ent through the execution o                     | _                                 | MENT by their do                    |
| WITNESS:                                   |   | BY:                                    | •   | ·                                 |                                     |
|  |   |  | President                                       |                                   |                                     |
| WITNESS:<br>DATE:                          |   |  |   |                                   |                                     |
|  | •   |  |   | (6                                | CORPORATE S                         |
| STATE OF_                                  | F   |  |   |                                   |                                     |
|  |   |  |   |                                   |                                     |
|  | g instrument was acknowledged before  |  |   |                                   |                                     |
| By(Nat                                     | me of officer or agent, title of officer o  | agent) of(Na                           | ume of corporation acknow                       | ledging)                          | <b>_</b>                            |
| a  | corpora   | tion, on behalf of                     | the corporation.                                |                                   |                                     |
| (Sta                                       | te or place of incorporation)   |  |   |                                   |                                     |
| He/she is per                              | rsonally known to me or has produced  |  |   | <b>a</b> s                        |                                     |

(type of identification)

Print, Type or Stamp Name of Notary

Signature of Notary

Title or Rank 15

Serial Number, If Any

| Agreement between | Leon County, Florida a | ind Apalachee Center f | or Human Services |
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LEON COUNTY, FLORIDA

|  | Dan Winchester, Chairman Board of County Commissioners |  |
|--|--|--|
|  | DATE:  |  |
| ATTEST:<br>BOB INZER, CLERK OF THE COURT<br>LEON COUNTY, FLORIDA |  |  |
| Ву:  |  |  |

APPROVED AS TO FORM: LEON COUNTY ATTORNEY'S OFFICE

Herbert W.A. Thiele, Esq.

County Attorney

By:\_